

# CZECH MODERN PENTATHLON ASSOCIATION

Zátopkova 100/2  
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<p><b>MILAN KADLEC MEMORIAL COMPETITION 2017</b> <b>JUNIOR MEN &amp; WOMEN</b> <b>19. – 20. May 2017</b></p>
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Dear Friends,

The Czech Modern Pentathlon Association (CMPA), through the agency of the modern pentathlon club TJ Dukla Praha, has the pleasure of inviting a delegation from your country to participate in Czech junior Championships - the Milan Kadlec Memorial Competition for men and women, which will be held in Prague from 19<sup>th</sup> to 20<sup>th</sup> May 2017, according to the following programme:

Maximum participants in category is 46, more than 4 Athletes from NF can participate, only if this quota will be not fulfilled. Please, send your eventual request´s via email. Start list will be made by "first come-first serve" basis.

<p><b>PROGRAMME</b></p>
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Thursday, 18 <sup>th</sup> May	Arrival of delegations Technical Meeting
Friday, 19 <sup>rd</sup> May	Junior Men competition Fencing Swimming Laser-run Riding
Saturday, 20 <sup>th</sup> May	Junior Women competition Fencing Swimming Laser-run Riding
Sunday, 21 <sup>st</sup> May	Departure of Delegations



## VENUE

**The competition will be carried out according to the UIPM rules.**

Shooting: 20 targets (LPT Apeom) - compressed air will be available;  
Running: Outdoor track – tartan, grass and asphalt  
Swimming: 25 m indoor pool / 6 lanes  
Fencing: 11 pistes  
Riding: **Only the first 36 Athletes after four events can start in Riding**

## ATHLETES' LICENSES

Athletes are only allowed to participate in UIPM sanctioned events if they have a valid UIPM License ID Number.

Entry Forms will not be accepted if any athlete is missing his/her License ID Number.

Please contact UIPM Headquarters immediately if your athlete is missing his/her License ID number.

If an athlete does not have a UIPM license they will not be allowed to take part in the competition.

## FINANCIAL CONDITIONS

All participants (athletes, coaches and officials) have to pay participations fee.

**The cost of the stay per person per night is 90 / 120 EUR** (double / single occupancy).

Limited number of triple rooms is possible upon request for the price 90 EUR per person per night.

The price includes the full board accommodation, local transportation, entry to the competition venues and transport from and to the **Prague Airport or Prague Central (or Holesovice) railway station.**

Please contact directly the hosting NF/LOC to request for accommodation for family and friends wishing to attend the competition.

**With the date of C Entry form at least 10% of non-refundable deposit must be sent to the LOC. The rest could be paid to the same account or cash at the accreditation desk on arrival or in advance on the bank account bellow.**

### Bank Details:

**Beneficiary name: TJ Dukla Praha**

**Nr.: 2500857798/2010**

**IBAN CZ5820100000002500857798**

**SWIFT FIOBCZPPXXX,**

**Bank Adress: Fio banka, a.s., V Celnici 1028/10, 117 21 Praha 1**

## ACCOMMODATION & TRANSPORT

Thanks to our partner, \*\*\*\*Hotel International Prague, all participants will be accommodated in the same place:

### **Accommodation Address:**

Hotel International Prague  
Koulova 15, Praha 6, 160 00  
[www.internationalprague.cz](http://www.internationalprague.cz)

## VISAS

Visiting federations should confirm visa requirements for entry into Czech Republic prior to traveling to the event. CMPA cannot accept responsibility for arranging visas.



## INSURANCE

All members of the attending Delegations must insure themselves in case of accidental injury or illness. The organiser will not accept any responsibility financial or otherwise for loss, injury or illness of any Delegation member.

## GENERAL INFORMATION

All athletes are kindly requested to wear their official national uniform at the competition.

## ENTRY FORMS

We would appreciate the early confirmation of your intention to participate or not. Please submit your Entry Forms as early as possible.

### **Deadlines for the Entry Forms are as follows:**

FORM A                      by 05<sup>th</sup> of April 2017  
FORM B                      by 19<sup>th</sup> of April 2017  
FORM C (final)            by 03<sup>rd</sup> of May 2017

## OFFICIAL ADDRESS

### **CZECH MODERN PENTATHLON ASSOCIATION**

160 00 Praha 6  
Ve Struhách 1009/44  
Czech Republic

TEL: (+ 420) 739 206 799

Email: [kadlecmemorial@pentathlon.cz](mailto:kadlecmemorial@pentathlon.cz)

We hope to see your delegation in Prague in May.

Kind regards,



Mgr. Daniel Kašpar  
Executive director of Milan Kadlec Memorial Competition 2017



**MILAN KADLEC MEMORIAL COMPETITION 2017**  
**JUNIOR men & women**  
**19 -20 May 2017 Prague / Czech Republic**  
 Entry Form "A"  
 Return before 05<sup>th</sup> April 2017

**JUNIOR MEN**

<b>Country:</b>	
<b>Contact:</b>	
<b>Tel number:</b>	
<b>Fax number:</b>	
<b>E Mail:</b>	

	Athlete's Name	Date of birth	S/D/M room
1			
2			
3			
4			
5			

S= single room/ D = double room /M = more bed room

	Coaches/Officials and Others Names	S/D/M room
1		
2		
3		

<u>Date of Arrival</u>	<u>Place</u>
Date of Departure	Place

Date:

Signature:

Return to:

e-mail: [kadlecmemorial@pentathlon.cz](mailto:kadlecmemorial@pentathlon.cz)



**MILAN KADLEC MEMORIAL COMPETITION 2017****JUNIOR men & women****19 -20 May 2017 Prague / Czech Republic**

Entry Form "A"

Return before 05<sup>th</sup> April 2017**JUNIOR WOMEN**

<b>Country:</b>	
<b>Contact:</b>	
<b>Tel number:</b>	
<b>Fax number:</b>	
<b>E Mail:</b>	

	Athlete's Name	Date of birth	S/D/M room
1			
2			
3			
4			
5			

S= single room/ D = double room /M = more bed room

	Coaches/Officials and Others Names	S/D/M room
1		
2		
3		

<u>Date of Arrival</u>	<u>Place</u>
Date of Departure	Place

Date:

Signature:



Return to: e-mail: [kadlecmemorial@pentathlon.cz](mailto:kadlecmemorial@pentathlon.cz)

**MILAN KADLEC MEMORIAL COMPETITION 2017**

**JUNIOR men & women**

**19 -20 May 2017 Prague / Czech Republic**

Entry Form "B"

Return before 19<sup>th</sup> April 2017

**JUNIOR MEN**

<b>Country:</b>	
<b>Contact:</b>	
<b>Tel number:</b>	
<b>Fax number:</b>	
<b>E Mail:</b>	

	Athlete's Name	Date of birth	S/D/M room
1			
2			
3			
4			
5			

S= single room/ D = double room /M = more bed room

	Coaches/Officials and Others Names	S/D/M room
1		
2		
3		

<u>Date of Arrival</u>	<u>Place</u>
<u>Date of Departure</u>	<u>Place</u>

Date:

Signature:

Return to:

e-mail: [kadlecmemorial@pentathlon.cz](mailto:kadlecmemorial@pentathlon.cz)



**MILAN KADLEC MEMORIAL COMPETITION 2017**  
**JUNIOR men & women**  
**19 -20 May 2017 Prague / Czech Republic**  
 Entry Form "B"  
 Return before 19<sup>th</sup> April 2017

**JUNIOR WOMEN**

<b>Country:</b>	
<b>Contact:</b>	
<b>Tel number:</b>	
<b>Fax number:</b>	
<b>E Mail:</b>	

	Athlete's Name	Date of birth	S/D/M room
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			
<b>5</b>			

S= single room/ D = double room /M = more bed room

	Coaches/Officials and Others Names	S/D/M room
<b>1</b>		
<b>2</b>		
<b>3</b>		

<u>Date of Arrival</u>	<u>Place</u>
Date of Departure	Place

Date:

Signature:

Return to:

e-mail: [kadlecmemorial@pentathlon.cz](mailto:kadlecmemorial@pentathlon.cz)



**MILAN KADLEC MEMORIAL COMPETITION 2017**  
**JUNIOR men & women**  
**19 -20 May 2017 Prague / Czech Republic**  
 Entry Form "C"  
 Return before 03<sup>rd</sup> May 2017

**JUNIOR MEN**

<b>Country:</b>	
<b>Contact:</b>	
<b>Tel number:</b>	
<b>Fax number:</b>	
<b>E Mail:</b>	

	Athlete's Name	Date of birth	S/D/M room	Passport Nr.
1				
2				
3				
4				
5				

	Coach/Official(other)'s Name	Date of birth	S/D/M room	Passport Nr.
1				
2				
3				
4				
5				

S= single room/ D = double room /M = more bed room

<u>Date of Arrival</u>	<u>Place</u>
<u>Date of Departure</u>	<u>Place</u>

Date:

Signature:

Return to: e-mail: [kadlecmemorial@pentathlon.cz](mailto:kadlecmemorial@pentathlon.cz)





**MILAN KADLEC MEMORIAL COMPETITION 2017**  
**JUNIOR men & women**  
**19 -20 May 2017 Prague / Czech Republic**  
 Entry Form "C"  
 Return before 03<sup>rd</sup> May 2017

**JUNIOR WOMEN**

<b>Country:</b>	
<b>Contact:</b>	
<b>Tel number:</b>	
<b>Fax number:</b>	
<b>E Mail:</b>	

	Athlete's Name	Date of birth	S/D/M room	Passport Nr.
1				
2				
3				
4				
5				

	Coach/Official(other)'s Name	Date of birth	S/D/M room	Passport Nr.
1				
2				
3				
4				
5				

S= single room/ D = double room /M = more bed room

<u>Date of Arrival</u>	<u>Place</u>
<u>Date of Departure</u>	<u>Place</u>

Date:

Signature:

Return to:email: [kadlecmemorial@pentathlon.cz](mailto:kadlecmemorial@pentathlon.cz)

